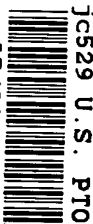


05/01/98



JCS29 U.S. PTO

Please type a plus sign (+) inside box → ☒

Approved through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	15886-122	Total Pages	33
	First Named Inventor or Application Identifier			
	Glenn William Connery; Title: Receive Processing With Network Protocol Bypass			
	Express Mail Label No.	EM033395650 US		

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>18</u> ] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (37 CFR 1.152) [Total Sheets <u>4</u> ] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>4</u> ] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identify of above copies 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement [ ] Power of Attorney (when there is an assignee) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure [ ] Copies of IDS Statement (IDS)PTO-1449 Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> Small Entity [ ] Statement filed in prior application, Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: Power of Attorney By Assignee To Exclusion Of Inventor Under 37 C.F.R. §3.71 With Revocation Of Prior Powers .....

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_/\_\_\_\_

16. CORRESPONDING ADDRESS					
<input type="checkbox"/> Customer Number of Bar Code Label (Insert Customer No. or Attach bar code label here)			or <input checked="" type="checkbox"/> Correspondence address below		
NAME	Mark A. Haynes				
	Reg. No. 30,846				
ADDRESS	WILSON SONSINI GOODRICH & ROSATI				
	650 Page Mill Road				
CITY	Palo Alto	STATE	California	ZIP CODE	94304-1050
COUNTRY	USA	TELEPHONE	(650) 493-9300	FAX	(650) 845-5000

SUBMITTED BY

Typed or

Printed Name Mark A. Haynes

Signature

Reg. Number 30,846

Date

1 May 98

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**Note: Effective October 1, 1997.  
Patent fees are subject to annual revision.**TOTAL AMOUNT OF PAYMENT** (\$) 830.00**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Herewith
First Named Inventor	Glenn William Connery; Title: Receive Processing With Network Protocol Bypass
Group Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned
Attorney Docket Number	15886-122

**METHOD OF PAYMENT (check one)****FEE CALCULATION (continued)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number  
Deposit Account Name

23-2415 (15886-122)

Wilson Sonsini Goodrich &amp; Rosati

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

- 2.
- ☐
- Payment Enclosed:

☐ Check☐ Money Order☐ Other**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	790.00
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
<b>SUBTOTAL (1) (\$)</b>					<b>790.00</b>

**2. CLAIMS**


Total Claims	Extra	Fee from below	Fee Paid
20 - 20 =	0 X	22 =	0.00
Independent Claims 3 - 3 =	0 X	82 =	0.00
Multiple Dependent Claims	X	270 =	

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	22	203	11	Claims in excess of 20	
102	82	202	41	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim	
109	82	209	41	Reissue independent claims over original patent	
110	22	210	11	Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) (\$)</b>					<b>0.00</b>

**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1,510	218	755	Extension for reply within fourth month	
128	2,060	228	1,030	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)					
Other fee (specify)					
<b>* Reduced by Basic Filing Fee Paid</b>					
<b>SUBTOTAL (3) (\$)</b>					<b>40.00</b>

**SUBMITTED BY****Complete (if applicable)**

Typed or Printed Name	Mark A. Haynes	Reg. Number	30,846
Signature		Date	1 May 98
		Deposit Account User ID	23-2415 (15886-122)

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.